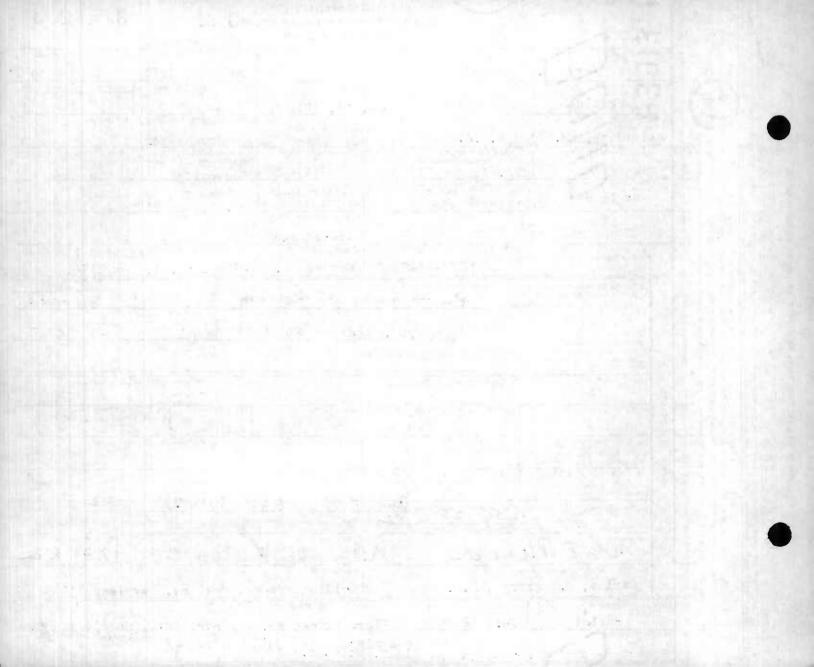
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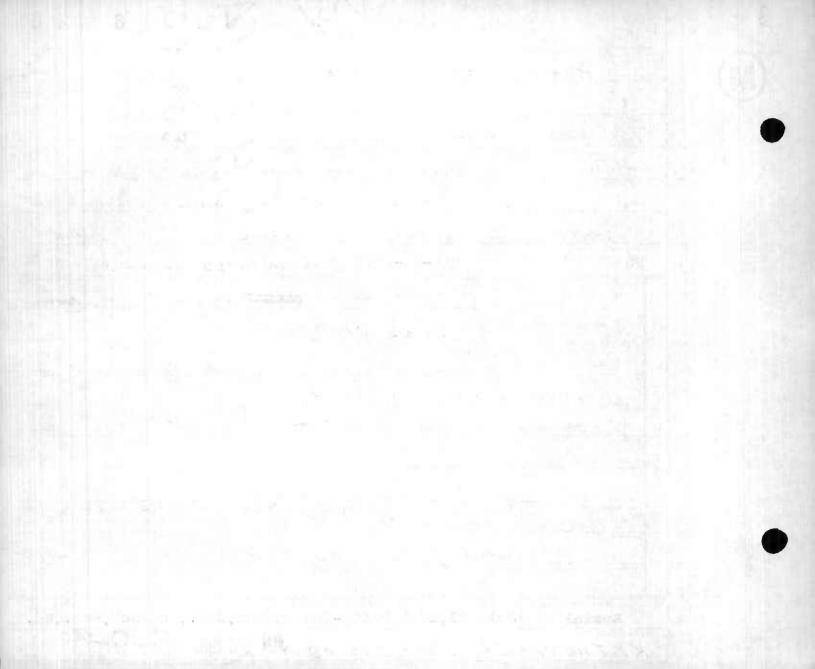
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F		DADT I DE ATM VA	VAS CALISED	DV	e for (a), (b), and (c).)						VA	APPR	OXIMATE	
		2450	AMMEDIATE	CAUSE (o) C	erebral V		lar acc	ciden	t			rew	Mi	ns.
IL, CREWATION, OR REMOVAL		373			AS A CONSEQUENCE									
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1	z	PART 2 OTHER SIGNIFICAT	NT CONDITIONS CO		BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVE	N IN PART 1 (a).		74.				
4	CERTIFICATION	19e DATE OF OPER	ATION	19b CONDI	TION FOR WHICH OPE	RATION W	AS PERFORMED?	?		7		20 AU	TOPSY?	
1	E											YE	s 🗆	NOT
		210. EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DE		A. MONTH DAY YEA	AR 21c. H	OW INJURY OCC	CURRED (ENT	ER NATURE OF IN	JURY IN ITEM I	18 PART 1 ORP	ART 2)		
	iii	214 INJURY OCCUR WHILE NOT AT WORK AT V	WHILE O	21e PLACE	OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION Street		CITY OR 10	)WN	Co	YTAUC		STATE
2		death resulted from ACTUAL SIGNATURE EXAMINER'S DAME (TYPE OR PRINT)	Joh	n Mace,	Jr., M.DD.	Autopuicide	Homicide TITLE (SPECIF  I.D. Dept  ADDRESS 6(	FY) Uty M 04 Chu		MINER	DATE SIGN	<sub>ED</sub> 7/3	-1/	82 21613
2	30.BU	RIAL, CREMATION, I ECIFY) Burial		ulv 17.1	23c. NAME OF CE 982 Vienna				LOCATION	Done		YIMIY	ST/	
2		NERAL DIRECTOR		ADDRESS	Federals	ourg,	Md. 25a.	OL 1	BY REGISTR	AR ZWORE	GIST AR	all whites	76	and
	Fr	amptom-Ha	Wkins	Funeral	Home, 216 1	V. Ma	in St. J	AL T	J 130L					

THA PRINCIPLE AND AND AND AND

3	1.	FOR	DI		E OF MÀRYLAND TEALTH AND MENTAL HYO	GIENES 2	18	4 2 5
	Ι'	STATE REGISTRAR			ICATE OF DEATH	REG. NO		
(BA)		CEASED NAME FIRST	MIDDLE	Dib	6/E	20 DATE OF DEATH		YEAR 26 HOUR 3:15
	3 SE		4 RACE CAUC	5 DATE	- 11 - 1	6 AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER	DAYS HOURS MIN
eath. Pag	7a. B	IRTHPLACE (STATE OR FOREIGN OUNTRY)  MAPYLAWD	76 CITIZEN OF WHAT COL	JNTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		
ofter de within led within		ITY OR TOWN OF DEATH		NURSING HOME	DROTHER INSTITUTION  VERZAL 1050	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 126 H	KIND OF BUSINESS OR USTRY
24 hours 24 hours and be filled in b	PUSU	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDEN JNTY 130 CITY C	DR TOWN	134 INSIDE CITY LIMITS?	1124 STREET ADDRESS	W NURSIN	UL HOME
MARYLAND ed within 24 mpletely fille, and 2 should	14 F.	ATHER S NAME FIRST  FIRST	MIDDLE (/	AST	15. MOTHER'S MAIDEN NA	ME		EVARIC
BALTIMORE, A scrite be execute opers. Pages 1 wal. It the medical ent, the medical ent, the medical ent.	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIA	AL SECURITY NO	17 INFORMANT	GATES 94	SS	
rhe death certificate at a carbon phemove carbon permotion, or remover carbon permotion, or remover traumatic ever		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS  16 29 IMMEDIA  Conditions, if ony, which gove rise to immediate cause in stating the	ATE CAUSE (a) R	HSPLRUAT NSEQUENCE OF UNG	CANCER	FAILURI		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W NG PHYSICIAN: The law requires that attending physician. After this certificate has been signed by os the burial-transit permit. Then please th and Mental Hygiene prior to burial, and orked ar Item 18 shows any injury, ar ath	TION	PART 2 OTHER SIGNIFICANT  MULTIPLE	E CUAS,	DEHYDR	MATI ON			
AL RECC	CERTIFICATION	7/19 Oronchis	. 196 CONDITION FOR		lunt In	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING C. YES	AUSES OF DEATH?
SICIAN: T ng physici certificate unal-transi		21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI		TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR P	'ART 2)
OVISION OF PHYSICAL OF PHYSICA	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR TOW	N COUN	NTY STATE
ATTENDIA spital or CTOR: A for use of Heal			pital) attended the deceased in 19	4-3	nd that in (my ) our) apinion	death occurred on the do	te and hour and fro	om the couses stated
TAL OR A y the hor RAL DIRECT detached one Dept		22b. SIGNATURE	Hubut 1	Fron		MEDICAL STAF		7/20/82
O HOSPITAL etained by 11 TO FUNERAL should be det with the State		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	0	22e ADDRESS			
BP	23a.	BURIAL, CREMATION, REMOVA SPECIFY) Burial	July 23,1	23c. NAME OF 0 982 Uni	EMETERY OR CREMATORY ty-Washingt	23d LOCATION On Cem. H	urlock,I	Dor., Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	24. F	UNERAL DIRECTOR	400	PRESS	25g DA1	E REC'D. BY REGISTRAR	REGISTRA'S S	icold year



1 SEX    RACE   S. DATE OF BIRTH   WAS DEFENDED   S. DATE OF BIRTH   S	25		CEASED NAME FIRST	1h1	MIDDLE	LAST E//	1011	REG. NO.	H DAY YEA	25
The property of the property	(M)	3. SE		4 RACE		5. DATE OF BIRTH	DAY YEAR	72	MONTHS D	EAR IF UNDER 24 HRS
CAMPRIDGE    OF STREET AND CONTROLLED   CONTRIBUTION DOT EXPORTED TO A CONTROLLED	of 77 00 of 19	-	USA					9 BALTIMORE CITY OR CO	UNTY OF DEATH	
136. STATE  136. COUNTY  136. CONTY  136. CONTY  136. CONTY  137. CONTY  136. CONTY  136. CONTY  136. CONTY  136. CONTY  137. CONTY  136.	00	0	AMBRIDGE	home -	TOG GDSF	hester A		(TYPE OF WORK FOR MOST OF WOR	KING LIFE) INDUST	TRY /
DOTON HOLD THE DEATH STATE THE DETAIL SO THE SECOND SOURCE STATE OF THE SECOND SOURCE S	35	130. 3	MAPYLAND DOR	1TY	13c. CITY OR TOWN	YES E	NOD	106 DOR	CHESTE	RAVE
18 CAUSE OF DEATH LEnter only one couse per line for (a), (b), and (c).    PART 1. DEATH WAS CAUSED BY:   PART 1. DEATH WAS CAUSED BY:   Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.   DUE TO, OR AS A CONSEQUENCE OF PULLMON HAVE CAUSED BY:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to:   PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMIN	091		JOHN	Н.	TIEDE	R	FIRST	MIDDLE		
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OR CONTRIBUTING CAUSE OF DEATH  HOUR A.M. MONTH DAY YEAR  19  21d. INJURY OCCURRED  AT WORK  AT WOR	nte has assit per rgiene l	ERTIFICATION	190 DATE OF OPERATION 5/14/82	196 COND	DITION FOR WHICH O	DPERATION WAS F	ERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FIN CERTIFYING CAU YES	NDINGS USED SES OF DEATH?
saw the deceased alive an 19 S and that in my low-topinion death accurred on the date and haur and from the causes stated obove the west and in the causes stated obove the causes are the causes and in the causes are the causes and in the causes are the causes are the causes and in the causes are the cause	sthe burial-tra h and Mental H riked or Item 18		(IF EITHER NOTIFY MEDICAL EXAMINES  21d INJURY OCCURRED  WHILE ONLY WHILE	21e. PLACE	.M. OF INJURY	19 211 LO	CATION			
	L Dikector Astroched for use of Dept. of Health		220.1 certify that (i) his hospi saw the deceased alive an above myer fail (did no 22b. SIGNATURE	t) view the body	after death.	S 2 and that in	ATTENDING	. MERICAL STAFF	22c. Da	

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rrs affer	3 SE	ALE	4 RACE	Auc	5. DATE OF	DAY OYEAR	O. AGE (IN YEARS LAST)			DURS MIN.
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TAL OR A y the has RAL DIREC detoched detoched nate Dept.		22b. SIGNATURE	m/Ju	rette.		GREE ATTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF	Jel -	NED
HOSPI bined b FUNE sould be the Signature of the Signatur		220 PHYSICIAN'S NA		rde Te		22e ADDRESS A	Aurona	557	7.11	17
BP		BURIAL, CREMATION,				METERY OR CREMATORY	CITY OR TOWN	No 141	COUNTY	STATE
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8		1-	FOR STATE		DEPARTMENT OF	EALTH		E E	18	42	8
	1	1. DE	REGISTRAR CEASED NAME FIRST	MEI	MIDDLE MIDDLE	EK.2	LAST	20. DATE K	REG. NO.	DAY YEAR	26 HOUR
	25 S. C. T.	{TYE	Emerso Emerso	n L. Ev	ans			OF DEATH	MATED   Ju	ly 25, 82	P
	S NECESSARY, PLEAS E FUNERAL DIRECTOR E S FOR YOUR FIFE D, WITHIN 72 HO W PRESTON STR	3. SE)	Male Negro	5. DATE OF BIRTH MONTH DAY Sept. 19	year 6. AGE (IN YEAR LAST BIRTHDA	Y) MONT	DER 1 YR. IF UNDER	MIN. PRONOUNG DEAD	July 25	DAY YEAR 19 82	2d HOUR,
•	NEGESS S FOR A WITHIN	Fi	RTHPLACE (STATE OR DREIGN COUNTRY)  nchville, Md.		9.A.	WIDOW		ED DO	rchester	TY OF DEATH	MD.
	ANY DELAY IS NAVD 3 TO THE FRANCH STOTHE FRANCH STOTHE FRANCH SE FILED, SECORDS, 201 W	R	TY OR TOWN OF DEATH	Bailey	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) Store Road		ier institution	FOR MOST OF WORK	ING LIFE)	Acme Ma	RY
21201	FANY D	13a. S	AL RESIDENCE (IF IN NURSING HOME OF TATE 136 COUNTY DOTC		13c. CITY OR TOWN Rhodesdale		13d. INSIDE CITY LIMITS? YES NO XX	13. STREET ADDRES	s36, Baile	y Store	Rd.
BALTIMORE, MD. 2120	SE BEST	1	ATHER'S NAME Dorsey Frankli		LAST		15. MOTHER'S MAIDI FIRST Lavenia	Robinson		LAST	
TIMO	VTER DE VE PAGE GES 1 A SION OF	16a. V	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	166 SOCIAL SECURITY	NO.	Doris Eva	ns, P.O. E	ADDRESS Rhoc		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	RTIFICATE SHOULD BE EXECUTED WITHIN 3. HOUR THE WORD "FENDING" IN PENCIL IN ITEM BD TO THE CHIEF MEDICAL EXAMINER ALCORD SHOULD BE USED AS A BURIAL. TRANSIT PRIMITIES PARTIMENT OF HEALTH AND MENTAL HYGIENE PRIOR TO BURIAL, CREMATION, OR REMOVAL	2	PART 2 OTHER SIGNIFICANT CONDITIONS	D BY: TE CAUSE (a) C O  DUE TO, OR  (b)  DUE TO, OR  (c)	PODRRY OC AS A CONSEQUENCE C	)F		RT 1 (a),		BETWEEN ONSE	INS.
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ONOFV	CERTFICATE SHOULD TING THE WORD "P TED TO THE CHIEF. 3 SHOULD BE USED DEPARTMENT OF HE I PRIOR TO BURIAL,	CAL CER	210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH DAY YEAR	21c H	OW INJURY OCCURRE	D LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR P	ART 2)	
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•	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDE! TO FUNERAL DIRECTOR: PAGE 3 AFIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F		ACTUAL SKINATURE	rel causes X,  John Mace,	Accident , Sui	Autap cideM	Hamicide , TITLE (SPECIFY) D.D. Deput	Undetermined marky  WEDICAL EXAMI	ner , DATE NER SIGN	ED 7/27/	
	BATTER BATTER			736. DATE Tuly 30,19		v Ce	meter	23d LOCATION City or town Cokesbur	y, Dorche	ster, Ma	ryland
	DHMH - 17 (VR A15 ME (5))		UNERAL DIRECTOR NAME amptom-Hawkins	ADDRESS Funeral H	Federals	burg	, Nd . 250. DATE	REC'D. BY REGISTRAR	Registrars	Martha	

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1-	STATE REGISTRAR			DICAL EXAMIN			EDEATH	REG. NO.	4 2	. 9
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		Paul			ndley		DEATH MA	TED DU	ly 16,	82 AM
3. SE			5. DATE OF BIRTH	YEAR LAST BIRTHI	MONTH	DER 1 YR. IF UNDER	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	July	16, <sub>19</sub> 8	AR 2d. HOUR
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FC	DREIGN COUNTRY)					D NEVER MARRI	ED []	rchest		
	laryland	ATH	US II NAME OF HOS	PITAL, NURSING HOM	WIDOWE		120. USUAL OCCUPATION			AUSINESS
			(IF NOT IN SUCH FAC	CILITY, GIVE STREET ADDRESS)			FOR MOST OF WORKING	LIFE)	OR INDU	STRY
USU		ursing Home of	Near Near Near	Secretar	y Do	r.Co.Md.	Farmer			
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	ATHER'S NAME	1 202				15. MOTHER'S MAIDE	N NAME			
	Fred	erick	MIDDLE K	Handle	7	Sara	h		ekins	
	WAS DECEASED EVE	R IN U.S. ARM	NED FORCES?	Handle	YNO.	17. INFORMANT	A	DDRESS	CVTIIS	
- (1	(ES, NO, OR UNKNOWN)	(IF YES, GIVE V	VAR OR DATES)	219-07-	7334	Mrs. Ma	rtha Hand	lev Tt	em # 1	3
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	gave rise ta cause (a) statin	g the under-	DUE TO, OR	AS A CONSEQUENCE	OF					
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IFIC									YES [	No IX
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MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M.	MONTH DAY YEA	R					
AEDI	21d. INJURY OCCU	RRED		FINJURY (AT HOME, ORY, FARM, ETC.)	21f. LOC	ATION	CITY OR TOWN		OUNTY	STATE
2	WHILE NO	WHILE [					CITORIONN		.55/411	JIME
			of the remains desc	ribed abave, held an	Autapsy	y , Inspection	Inquiry X	, and in my o	aninian	
	death resulted fra				picide	Hamicide .	Undetermined manner		аринан	
	Jedin resulted tro	)	or courses about,	A.	Acide	TITLE (SPECIFY)	undetermined manne	السا		
	ACTUAL SIGNATURE	x1.	2 ma	Tak	AA .	Deputy		DATI	E 7/19	182
	SIGNATURE	1 1	~~~		M.L		MEDICAL EXAMINE	SIGN	VED_I/ == 7	02
(m.)	(TYPE OR PRINT)	John	n Mace	r. M.D.	A	DDRESS_ Ca	mbridge,	Md.		
23a.B	URHAL, CREMATION,	REMOVAL 23	b. DATE	23c. NAME OF CE	METERY OR	CREMATORY	23d. LOCATION CITY OR TOWN	СС	YTHU	STATE
	Burial	-	7/18/82	Old Tr	inity	, Church	Churc REC'D. BY REGISTRAR	Crook	Obel	14.4
24. F	UNERAL DIRECTOR			Cambridg	e.	25e. DATE F	REC'D. BY REGISTRAR	REGIS EAS	WIC INCOME.	EXCL
1		inera	1 Home	700 Locus		Ma JUL	23 1982	0		

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		1-	FOR STATE REGISTRAR			STA DEPARTMENT OF DICAL EXAMIN	HEALTH			REG. NO.	8	4 3	0
-	₽,		CEASED NAME E OR PRINT)	Ola	J.	MIDDLE He i	ight	LAST	10	E KNOWN (F)	MONTH 7	DAY YEAR 24-1982	2b. HOUI
(M)	ON STREE	3. SEX	emale	Negro	5. DATE OF BIRTH	VEAR LAST GIRTHE	DAY) MONTE		24 HRS. 2c. DA MIN. PRONO DE	UNCED	MONTH	DAY YEAR 24, 1982	24. HOU
	ES SE	7a. BI	RTHPLACE (STA	YE OR	76 CITIZEN OF WH.		12	ED NEVER MARR	IFD	cheste	COUNT	Y OF DEATH	AM
N HE BER	\$00 3	Rh	odesda	le	RED. 2	PITAL, NURSING HOM		ER INSTITUTION	120. USUAL OCC	CUPATION (TYPE O	OF WORK	OR INDUST	ISINESS RY
. IF ANY DELA 2, AND 3 TO 3. RETAIN P. SHOULD BE	\$35	USU A 13a. S	TATE Md.	FIN NURSING HOME OF 13b. COUNT DOI	R OTHER INSTITUTION, GIVI IY	RESIDENCE BEFORE ADMISS	ale	13d. INSIDE CITY LIMITS? YES NO 🔼		RESS DOX 2	25		1
HORE, MD. 2 TER DEATH. I PAGES 1, 2, CORM. PM. 3.	98 1/ -19	J		Pherson		LAST			en NAME			LAST	
S AFTER DE SIVE PAGE TITH FORM AGES 1 AR	DIVISION	16a, V (Y	NO.		VAR OR DATES)	227-34-		Mrs. Ma	arjorie			Moore bridge	
THE WITHIN 24 HO A PENCIL IN ITEM 18 EXAMINER ALONG IAL-TRANSIT PERMIT	OR REMOVAL.		Conditions gove rise couse (a) s lying cous	ITH WAS CAUSED  IMMEDIAT  In ony, which  It to immediate  Into	E CAUSE (o). <u>CO</u> DUE TO, OR A  (b).  DUE TO, OR A	FOR (O), (b), OND (C).)  TONRY OR  AS A CONSEQUENCE  AS A CONSEQUENCE  UT NOT RELATED TO THE TER	OF OF					APPROXIMATI BETWEEN ONSE L'OW	TAND DEATH
ITAL RECORD SHOULD BE EX ORD "PENDING CHIEF MEDIC E USED AS A	HEALTH CREMATI	CERTIFICATION	19a. DATE OF			ON FOR WHICH OPE			KK 1 (a).			20 AUTOPSY	, NO 🗆
DIVISION OF VI THIS CERTIFICATE S., WRITING THE WOL RWARDED TO THE OPAGE 3 SHOULD BE	STATE DEPARTMENT OF 21201 PRIOR TO BURIAL, 0	MEDICAL CER	216 EXTERNAL UNDERLYING CONTRIBUTIN 216. INJURY OF WHILE AT WORK	OR G CAUSE OF D	EATH P.M. 21e. PLACE O	INJURY MONTH DAY YEA  19 FINJURY (ATHOME, DRY, FARM, ETC.)	21f. LOC	OW INJURY OCCURRE CATION TREET	ED (ENTER NATURE OF		RT I OR PAR		STATE
DICAL EXAMINER. TE THE CERTIFICATI A SHOULD BE FOI	WITH THE		27a. I certify death resulted ACTUAL SIGNATURE EXAMINERS ACTUAL TYPE OR PRIM	Noture Noture	ol couses X,	ribed obove, held on Accident , St	uicide	Homicide	Undetermined  MEDICALEX.  ambridg	monner ,	DATE	7/27/	'82
BP	17 (5))	24. FI	Buria Buria JNERAL DIRECT	ON,REMOVAL 23	7/27/82	23c. NAME OF CE Mt. Zi ambridge,	metery of	eth. Cem	REC'D. BY REGIST	New Mar	count		, Md.

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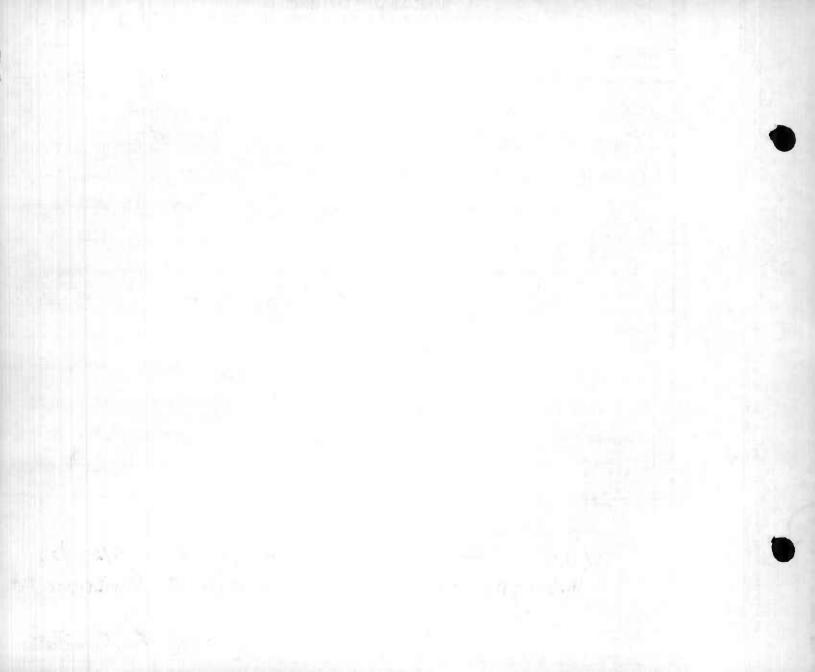
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Williams JEWHERE CONTRACTOR TO STATE (CITED) THE THE WAY TH

. 12	+		DIVISION OF VITAL RECORDS,		STON STREET, BALTIA TE OF DEATH	AORE, MARYLAND 212	018 4 5	5
er death. funeral and 2	(	CEASED-NAME First Leroy	Middle Rober	+ 3	lost	2a. DATE OF DEATH Month	Day Year 22 82	2b. HOUR
ts after ages	3. SI	Male	4. RACE Black		DATE OF BIRTH 4-16-14	6. AGE (In yeo lost birthdoy)	YRS. PONDER 1 TEAK  DAYS  YRS.	HOURS MIN
24 haur din bi	tou	BIRTHPLACE (State or foreign atry)  Maryland	7b. CITIZEN OF WHAT COUNTRY? USA	WIDOWED [	DIVORCED	Dorcheste		Mo
within partition ban ban ban ban ban ban ban ban ban ba		ambridge	11. NAME OF HOSPITAL OR INS give street oddress)	er Ger	neral during mos	OCCUPATION (Kind of work of working life, even if reti	ired.) INDUSTRY	BUSINESS OR
cample:	odm	ission) STATE	ed lived, if institution: Residence before	Cam	P AEZ NO	702 Co	rnish Dr	
be ex		FATHER'S NAME First	Middle Lost Johe	'5		abeth	Jone	Lost
tificate shysicia n plea	160	03, 110, 0) 011111101111	NED FORCES? ar or dates of service)  W TT	NO. 17. INFO	DRMANT	Addı		
death cer tending r mit. The		PART I. DEATH WAS CAUSED	TE CAUSE (a)	cult	Carc	Inoma.	APPROXIP BETWEEN O	MATE INTERVAL INSET AND DEATH  Y~> -
hat the no.  No.  The at an		Conditions, if ony, which gove trise to immediate couse (o), stating the underlying couse	(b) DUE TO, OR AS A CONSEQUENCE OF					
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital or attending physician.  SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers and 2 and 2 with the State Dept. of Health priar to burial, crematian, ar remaval, and thank event, within 72 persone death		lost.	(c)	OT RELATED TO TH	HE TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(0)		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h. Page 4 may be retained by the haspital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers should be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and than event, within 72 though the state Dept. of Health prior to burial, cremation, ar remaval, and than event, within 72 the last the state Dept.	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PEI	RFORMED	20a. AUTOPSY?  YES NO	20b. IF YES, WERE FIND CAUSES OF DEATH?	DINGS CONSIDERED IN CE	ERTIFYING
itilicate d far us of Healt	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING CAUSE OF DE. (If either, notify medical examin	ATH HOUR A.M. Manth Day Year er) P.M. 19	9		noture of injury in Part 1 or F	Port 2, Item 18.)	
the hast this cer detache e Dept.	ME	at wark at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			City or Town	County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: I Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us should be filed with the State Dept. of Healt		saw the deceased a	is haspital) ottended the decease live onl e, (l) (we) (did) (did nat) view the	19, and t	hat in (my) (aur) opin	, ta iian death accurred an t	, 19, thot the date and hour	(I) (we) los and fram th
OR AT be retai  DIRECTO 3 sho led with		22b. SIGNATURE COLDE		DEGREE		D. STAFF PHYS.	22c DATE SIGNED	82
SPITAL 4 may MERAL or, pag Id be fil		22d. PHYSICIAN'S NAME (Type) M.5.	Shariff			rora St.	Cambrida	je nid.
Page To Fun direct shoul		BURIAL, CREMATION, REMOVAL (Specify) 23b.	/26/82 /Se			23d. LOCATION (City or Towar	Du-chester	Md.
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRESS		2So. REC'D BY	REGISTRAR 26. REGISTRAR	TRAR'S SUMM TURE	asthon

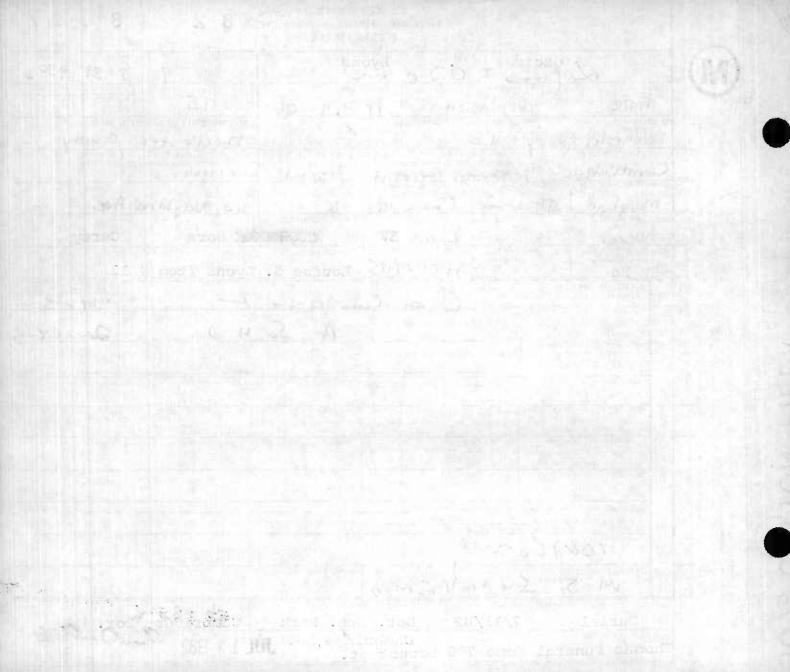
MARYLAND STATE DEPARTMENT OF HEALTH



	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE 8 2	1 8	4 3	6
n <b>€</b>		CEASED NAME FIRST OR PRINT)	WIDDIE	1	ÄST	20. DATE OF DEATH	MONTH DAY		HOUR 43/
3	1 000		ARA D		ewis		6		243/AM
	3 SE	=	Back.	5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR	MONI	- Dett - TEPH	JURS MIN.
in		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8		O DALTHAODE CITY C	OR COUNTY OF	DEATH	-
1		EW JERSEY	USA.	WIDOWE	D NEVER MARRIEDX	Dorch	_	ounty	MD
3		an brilge	(IF NOT IN SUCH FACILITY, GIVES		Gerud	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST C		126 KIND OF BU	JSINESS OR
35		AL RESIDENCE (IF NURSING HOME C TATE 131 COU	OR OTHER INSTITUTION, GIVE RESIDENCE INTY	town bndge	13d. INSIDE CITY LIMITS?	Eastern	Shore L	ospil	al Conk
31		THÉR'S NAME UNKOWN	MIDDLE LAST		UNKOWN	WIDDLE		LAST	
				-5356	DANA LEW	ADDR	N AVE.	cm w	TOUART
9	CERTIFICATION	PART 2 OTHER SIGNIFICANT  OTHER SIGNIFICANT	ODUE TO, OR AS A CONS	TO DEATH BUT		200 AUTOPSY?  YES NO	20b. IF YES, WE	ERE FINDINGS G CAUSES OF	USED DEATH?
1		21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSHOF DE	216 TIME OF INJURY HOUR A.M. MONTH	ADAY YEAR	1716 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU		-	
1	MEDICAL	21d INJURY OCCURRED  WHILE NOT MAN AT WORK	21. PLACE OF INJURY	E FARM ETC )	214 LOCATION STREET / A.	CITY OR TO	OWN	COUNTY	STATE
		saw the declared halve of	pital) attended the deceased fr		d that (my) (our) apinio	S2, toO	ate and hour one	8 a, that	(I) (we) lost ses stated
		22% SIGNAHIRE	ulille	~		MEDICAL STA	FF CIAN []	22c. DATE SIG	
- 0		224 PHYSICIAN'S NAME (TYPE	OR BRIDGE		22e ADDRESS				77777
1		^ ^	LKE.			lary land,	Ave. a	ambrid	dge 26

LAMILE .18 . LIVA MOSUJO DINEM ANAT - 808: - PSB 'S THE STATE OF THE S

				STAT	E OF MARYLAND	0 0 1	0	1 7 7
	1 -	FOR STATE	DEPART		HEALTH AND MENTAL HYG	IENE 8 2	8 4	0 /
		REGISTRAR		CERTH	FICATE OF DEATH	REG. NO.		
		EASED NAME	MIDDLE	Lyc	nsi ns	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
		Del 10	CO.T.CJ	1 er		7	8 82	930 AA
3	SEX		RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEA	AR IF UNDER 24 HRS
10°	n	rale	Caucasion	MONT	19 66	75 YRS.	MONTHS DAT	5 HOURS MIN.
70	BIR	THPLACE (STATE OF FOREIGN	& CITIZEN OF WHAT COUNTRY	? 8.	D NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
5 1	Do	chester County	4.5.	WIDOWI		Dorchester	Cour	Thy MI
10	CIT	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATION		OF BUSINESS OR
10			Dorchester Ger	ieral	Hospital	wite Cloth	(FE) INDUSTR	
13	SUA la S	ATE 136 COUNT	THER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		
2	m	laryland Dec		scider	YES NO	313 Maryland	Ave.	
14	FA	HER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM		0 0/1	
4		Oscur	Lyons	XX	XXXXXXX	Nora Nora	Care	ey"
160		AS DECEASED EVER IN U.S. ARA	WAROBDATES		17 INFORMANT	ADDRESS		
E		No	214-07.	7185	Louise S.	Lyons Item #	13	
	1	18 CAUSE OF DEATH (Enter only	one cause per line for (, (b), o	nd (c)				OXIMATE INTERVAL
6	1	PART I. DE ATH WAS CAUSED  IMMEDIATI	CAUSE (a)	2 als	à ason	, _	apr	122-
		4140	DUE TO, OR AS A CONSEQU	JENCE OF	Δ			
		Conditions, if any, which	(b)		4.7	4-0.	20	vall-
		gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF				
	1	underlying couse lost	(c)					
z	. [	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION Gr	VEN IN PART	110.
2 CERTIFICATION	2	9a DATE OF OPERATION	196 CONDITION FOR WHICH	H OBERATIO	NI WAS DEDECTIVED	20g AUTOPSY? 20b IF YE	S, WERE FINE	Olytoc Heep
1 8		TO DATE OF OPERATION	198 CONDITION FOR WHICH	OFERATIO	IN WAS PERFORMED	IN CERTI	IFYING CAUS	ES OF DEATH?
4 5		71a ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Tale HOW IN HIPV OCCUPE	YES NO Y  RED (ENTER NATURE OF INJURY IN ITEM 18	ES 🗍	но 🗌
		OR CONTRIBUTING CAUSE OF DEAT		AY YEAR	THE HOW INJOH! OCCORN	CED (ENTER NATURE OF INJURY IN TIEM 18	PART I OR PART 2	7
MEDICAL		(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
AFE	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC.)	STREET	CITY OR TOWN	COUNTY	STATE
	1	22a I certify that (I) (this haspite	ol) attended the deceased from				19	, that (I) (we) las
		saw the deceased alive on above, (I) (we) (did) (did not	view the hady after death	, 0	nd that in (my) (our) opinion o	death occurred on the date and ha		
	1	22L CACALATURE			DEGREE		22c. DA	TE SIGNED
	П	Ough	evil		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10	
	1	226. PHYSICIAN'S NAME (TYPE OR	PRINT)		22e ADDRESS			
		M-5	SHAMITE,	m.s				
23	a Bl	DRIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d LOCATION	& WINTER	STATE
	13	Burial	7/11/82	Dor.	Mem. Park		Dor.	Mel
24	FU	omas Funeral	ADDRESS	Cambr	idge Md 250 DAW	REC'D. BY REGISTRAR 256 SEGIS	IRAFS SIGN	AI WHOCK WAS
1	110	mas Funeral	Home 700 Loc	ust	St.	DE 1 9 1305		



	1- STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH									3 4 3	3 8		
S. S. 7.	I. DE	CEASED NAM	Lelon	Aurilla McCready				20. DATE KNOWN MONTH				28 <sub>19</sub> 82 P M	
DISCARY, PLEASE DISCLORENCE TO RESTORETION OF REET WITHIN TO YOUR STREET,	J. SEX Female Negro			S. DATE OF BIRTH AND A AGE (IN YEARS IF UN MONTH 12-19-1906 75 YRS.				NDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH	28, 1985	R 2d. HOUR	
Within W		RTHPLACE (S REIGH COUNTRY) Md.		USA    Married   Never Married   Never Married   Dorchester County   Never Married   Dorchester County   Never Married   Never								T-141	
	ID. CITY OR TOWN OF DEATH  Cambridge  USUAL RESIDENCE (IF IN NURSING HOME O			823 Washington St. Labor				UAL OCCUPATION MOST OF WORKING LABORE	IFE)	12b. KIND OF OR INDU	BUSINESS STRY		
1 00	13a. S	Md.	DOI	OR OTHER INSTITUTION, GI	lisa City or town		-	823		ngton	St.		
91	16a. V	James  James  VAS DECEASE ES, NO, OR UNKNO	E C	ward Johnson  AED FORCES? WAR OR DATES)  AED FORCES? WAR OR DATES)  217-10-8131			15. MOTHER'S MAIDEN NAME JULIA E. Spicer  17. INFORMANT ADDRESS  Pauline Cornish Cambridge, Md					TIA.	
USED AS A BURIAL-TRANSIT PERMIT. PAGE OF HEATH AND MENTAL HYGIENE, DIVISIGAL, CREMATION, OR REMOVAL.		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  COPONARY OCCUSION  Conditions, if ony, which gave rise to immediate cause (a) stating the underlying cause last.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).											
	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION 196, CO		TION FOR WHICH OPER	AS PERFORMED?				20 AUTOPSY?  YES □ NO 🛣			
TATE DEPARTMENT O	CAL CERT	UNDERLYING CONTRIBUTI	NG CAUSE OF		MONTH DAY YEA		OW INJURY OCC	URRED (ENTER)	NATURE OF INJURY IN	ITEM 18 PART 1 OR P		11042	
21201 PRIO	MED	WHILE AT WORK	NOT WHILE E		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION		CITY OR TOWN	c	YTAUC	STATE	
LTIMORE, MARYLAND,		death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	MAME John	nal causes $\mathbb{X}$ ,	<b>г.</b> М.D.	Autap vicide	Hamicide TITLE (SPECIF Deput	Y MED	Inquiry (E.) ermined manner ICAL EXAMINER 1 dge,	DATE SIGN	7/80/	'82	
	24. FL	JRIAL, CREMA PECIFY) BUT  JNERAL DIRECT NAME  SWIS H	TOR	7/31/82	Bethel bridge, M	AME	Cemeter 25a.D	Ty 23d, LC CITY C BY	cation of the ridge of the ridg	e, Dor	• МП	STATE	

moderate on the street should family the bloom burney

AN		FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MEN	69 63	18439
	1 -	STATE REGISTRAR		CERTIFICATE OF DEA	V 6.4	NO.
	I. DEC	EASED NAME FIRST	MIDDIE	DODIAST 111.	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
2 2	1,,,,	CONF	7	MINININ	July	15 82 9:00 AM
e ( IVI )	3. SE)		RACE	5 DATE OF BIRTH	6 AGE INCLARS LAST BE	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
age 4		Female	White	June 7,189:	1 91	YRS
hou hou		THPLACE ISTATE OR FOREIGN 7	CITIZEN OF WHAT COUN	MARRIED NEVER MAR	RIED . BALTIMORE CITY	OR COUNTY OF DEATH
ober n 72 n file		Maryland	US	WIDOWED DIVOR	CED Dorche	ster Co. ME
after the furthin within	10 4	Y OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE</li> </ol>	URSING HOME OR OTHER INSTITU STREET ADDRESS)	TION 120 USUAL OCCUPA	TION  12b. KIND OF BUSINESS OR  OF WORKING LIFE) INDUSTRY
by by list b	-	HMORIUGE		House Nursing	Home Home	maker
24 ho ed in be fil	USU/ 13e S	L RESIDENCE JURNIERSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE  134 CITY OF	E BEFORE ADMISSION)  R TOWN # 13d INSIDE CITY I	LIMITS? 130 STREET ADDRESS	
within 2		ryland Dor	. Camb	TIUGO		nburn Avenue
d with	14. FA	THER'S NAME FIRST M	IODLE LAS	15. MOTHER'S MA		LAST
and put		William	J. Whi	te Ma	artha L.	Vickers
9 0- 6	16e. V	(AS DECEASED EVER IN U.S. ARM		SECURITY NO. 17 INFORMANT		RESS Bloomfield, N.J.
rficate be exysician and pers. Pages oval.	,,	(# 123, 5/72	057-0	3-4933 Thelma	E. Reidl8 Cl	arendon Place 070
at the death cert the attending ph smove carbon pa remation, or rem other traumatic		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Of Conditions, if only, which gove rise to immediate cause (a), stating the		SEQUENCE OF SEQUENCE	Heur D	Fend
e law requires t s been signed by iit. Then please prior to burial, ws any injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT CO		G TO DEATH BUT NOT RELATED TO		NDITION GIVEN IN PART 1(a)  20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
N: The land.	TIFE				YES NO	YES NO
SICIA ysiciar pertific transit tal Hy Item 1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONTH	H DAY YEAR	Y OCCURRED (ENTER NATURE OF IN)	IURY IN ITEM 18, PART 1 OR PART 2)
PHY ng ph	MEDICAL	214. INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
DING PI ttending After th s the bur th and M marked	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC   STREET	CITY OR TO	OWN COUNTY STATE
S E S S S S S S S S S S S S S S S S S S	1	22s I certify that (I) (this haspite saw the deceased alive on _	7/1/56		r) opinion death occurred on the	date and haur and from the couses stated
CTO CTO of Ho		above, (1) (we) (did) (did not) 22b. SIGNATURE	view the body offer death.	DEGREE	NDING MEDICAL ST	221. DATE SIGNED
ITAL CA A y the hospite RAL DIRECT detached for tate Dept. o		L'aurene	Maryaner PRINT)	PHY	NDING MEDICAL ST SICIAN DIRECTOR PHYS	AFF ICIAN
V the hospit y the hospit RAL DIREC detached for tate Dept. o	1000	224. PHYSICIAN'S NAME (TYPE OR	Marjaner PRINT)		SICIAN ADIRECTOR PHYS	AFF ICIAN
V the hospit y the hospit RAL DIREC detached for tate Dept. o		224. PHYSICIAN'S NAME (TYPE OR		??e ADDRESS		AFF ICIAN
TO HOSPITALON A retained by the hospit TO FUNERAL DIRECT should be detached for with the State Dept. on IMPORTANT: If Item	23o. E	224 PHYSICIAN'S NAME (TYPE OR  URIAL, CREMATION, REMOVAL  PECEY)	236. DATE	220 ADDRESS	MATORY 234 LOCATION CITY OF TOWN	
y the hosping y the hosping RAL DIREC detached for tate Dept. o	(	27d PHYSICIAN'S NAME (TYPE OR	7/17/82	230 ADDRESS 230 NAME OF CEMETERY OR CREATER THE COMPANY OF CHARLES	matory 234 Location circums construin	

All the later of the party of the A Long Contract of the Contrac The turner is a second of the The state of the s

							ARYLAND						
	1-	FOR STATE			DEPARTMENT OF		AND MENTAL!	HYGIENE	,2	18	49	40	
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-	10 C	ITY OR TOWN OF D	EATH		PITAL, NURSING HO		ER INSTITUTION	12a USUAL		(TYPE OF WORK	12b KIND	OF BUSINESS	
25		Cambridge	2		ter Genera		pital	Cons	tructi	on	Carp		
20	USU. 13a. S	AL RESIDENCE LIEIN	NURSING HOME C	or other institution, Gr Try chester	E RESIDENCE BEFORE ADMIS	SSIONI		= 60,5=	-10/10				l
0		Md.	Dor	chester	rederal	.sbur	YES NO C	x Kell	ance h	Road			
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STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OR VECORDS, 201 W 2, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Conditions, i	f anv. which	DUE TO, OR	AS A CONSEQUENC	E OF					100		
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o Ž		lying couse lo		DUE TO, OR	AS A CONSEQUENC	E OF							
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MARYLAND, 2		22a I certify th	at I took chars	ge of the remains des	cribed obove, held on	Autop	sy XX Inspectio	on . I	nguiry ,	and in my a	opinion		
YA.		death resulted fr	om: Natu	ral causes .	Accident .	Suicide	, Hamicide X	Undeterm	ined monner	].			
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E, ∧	1	ACTUAL SIGNATURE	Maine	e 2 Da	24	м	Assistar Assistar	T MEDICA	LEXAMINER	DATE	VED_//	26/82	
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	1	and the cold	00 ^	ADDRESS	Federa	lsbur	co Md	- At	127	n.can	an /	either	
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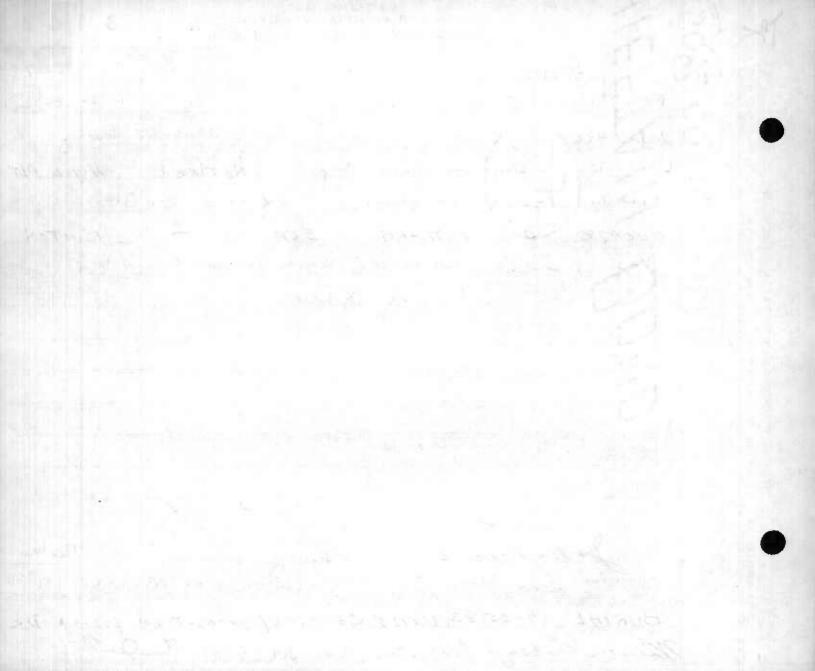
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	REGISTRAR CEASED NAME PE OR PRINT)	FIRST	MEI	MIDDLE	NEK'S	CERTIFICATE	2a. DATE		MONTH		EAR 2b H
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FC	IRTHPLACE (STATE OF DREIGN COUNTRY) NEW YORK		U.S.A.		8. MARE	RIED NEVER MAR	CED D	MORE CITY O	ER	ITY OF DEAT	н 1
C.	AMBRIDGE	7	OF RACE	PITAL, NURSING HOL CILITY, GIVE STREET ADDRESS STREET	5)	HER INSTITUTION	170. USUAL OCC	ECHANIC	OF WORK	SHOP N	F BUSINE
JSU. 130 S	AL RESIDENCE (IF IN I	DORCHE		13CAMBRIDG		13d. INSIDE CITY LIMITS?	_	CE ST	APT	# 23	1
	ATHER'S NAME FIRST WILLARD	Ĥ	IDDLE	PERRY		15. MOTHER'S MAIL ERST FRIE		MIDDLE	ΔN	IDERSON	J
16a. \	WAS DECEASED EVE (ES, NO, OR UNKNOWN) YES		FORCES?	166. SOCIAL SECUR 282-05-1		17. INFORMANT	Raymond J.	CURRAI BRIDGE,		8 High 21613	_
	Canditions, if gave rise to cause (a) statis	any, which immediate ng the under-	AUSE (a) DUE TO, OR	for (a), (b), and (c).)  JOPONARY  AS A CONSEQUENC  AS A CONSEQUENC	E OF	usion				BETWEEN	MATEINIER MATEINIER BUNA TERME
CATION	PART 2 OTHER SIGNIFICATION OF THE PART 2 OTHER SIGNIFICATION OF THE PART OF TH		RIBUTING TO DEATH I	ON FOR WHICH OP		SE OR CONDITION GIVEN IN	PART 1 a.		1	20 AUTO	PSY?
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MEDI	216 INJURY OCCU WHILE DOO AT WORK AT	T WHILE WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET	CITY OR T	OWN	co	YTAUC	S

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	ET A AME	TE DIME	12.00 4.00	Mark Harman

1		FOR	DEPARTMEN	STATE OF MARYLAND NT OF HEALTH AND MENTA	L HYGIENE 9	1 5	3 4 4	2
10		STATE REGISTRAR	MEDICAL EX			REG. NO.		d'a
AA.		CEASED NAME FIRST JOSEPH	MIDDLE R.	Pittard	20. DATE K OF DEATH	NOWN MONTE	22 19 8:	1.000
7	SEX		S. DATE OF BIRTH SEAR LA		DER 24 HRS. 26. DATE PRONOUNG DEAD	CED 7		R 2d HOU
6	7a BI	RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MA	ARRIED . 9. BALTIMO	hester (		
3	0		11. NAME OF HOSPITAL, NURSIN	GHOME, OR OTHER INSTITUTION ADDRESS! HOSP.	12e. USUAL OCCUPA FOR MOST OF WORKI	NG LIFE)		SUSINESS STRY
6		L RESIDENCE (IF W JURSING HOME OR O	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	READMISSION) TOWN 13d. INSIDE CITY LIMITS	32 STREET ADDRES			
N TO	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MA	AIDEN NAME MID	DUE	LAST	(
2	16a. V	VAS DECEASED EVER IN U.S. ARME (IF YES, GIVE WA V & S	ED FORCES? 16b. SOCIAL :	SECURITY NO. 17 INFORMANT 0-1805 Records	Dorchestor	ADDRESS	Bur]	ON
	7	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying couse lost</u> .	CAUSE (0) COVO NO.  DUE TO, OR AS A CONSEQ  (b) DUE TO, OR AS A CONSEQ  (c)	VERCE OF	N PART 3 (g.		-	hr.
2	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED?			20 AUTOPS	
3	AL CERTI	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216 TIME OF INJURY HOUR A.M. MONTH DAY		RRED LENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)	NO E
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	?1e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 211 LOCATION STREET	CITY OR TOW	N (	COUNTY	STATE
			of the remains described obave, h	eld on Autapsy . Inspe-	ction . Inquiry	and in my	opinion	
		ACTUAL SIGNATURE	march	M.D. Deputy	MEDICAL EXAMI	DAT NER SIGI	E 7/27	2/92
BALLIMORE, MARYLAND, ZIZUI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		EXAMINER'S NAME JOH	in Mace J	ADDRESS 604		. Camb	ridge 1	1d 21613
ì	3	BURIAL TO STATE OF ST	7-25-82 UN	OF CEMETERY OR CREMATORY		TOWN S	USSEX	STATE
1-17 ME (5) )	7	INERAL DIRECTOR	am & Seors	town De 1250. DA	2.6.1982	25b. REGISTRAR'S	SIGNATURE	



1	- S	OR TATE EGISTRAR			DEPARTMENT OF	HEALTI		NTAL HYG		2		8 4	4 3
	DEC	EASED NAME	FIRST		WIDDLE		LAST		-	ATE KNOWN	NO.	DAY YEAR	26. HOUI
Y s	TYPE	OR PRINT)	Littl		Ymn i o		Dane			OF ESTI-	MAN .	-14 1982	
A	SEX		4. RACE	S. DATE OF BIRTH	Craig 6. AGE (IN)	EARS IF UN	Ray	IF UNDER 24 H		ATE	MONTH	DAY YEAR	
1	Ma	le	White	07/30/	YEAR LAST BIRTH	DAY) MONT		HOURS MI	PRON	OLINCED -	July :	14, ,,82	9AM
7a	BIR	IHPLACE (STA	ATE OR	76. CITIZEN OF WH	IAT COUNTRY?	8. MARR	ED NEV	ER MARRIED	9. BA	LTIMORE CIT	Y OR COUN	NTY OF DEATH	
	Sc	uthCa	rolina	US		WIDOV		DIVORCED		Dorch	ester	Co.	MD.
10.	CIT	ORTOWN	OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOM	E, OR OTH	IER INSTITUT	ION 12e	USUAL O	CCUPATION	(TYPE OF WORK	126 KIND OF B	USINESS
		ambri		Rt 2 I	Box 49 A					working Life)		OR INDUS	TRY
130	ST,	ATE	13b. COUN	TY	13c. CITY OR TOWN		13d INSIDE CIT	Y LIMITS? 13e	STREET AL	DDRESS			
-	_	yland	Dor	chester	Cambrido	je	YES 🗌	NO 🔯	Rt		x 49	A	
14.	FAT	HER'S NAME FIRST		WIDDIE	LAST		15. MOTHER	R'S MAIDEN N	IAME	MIDDLE		LAST	
		Rolan	d		R ay			amie		MIDDLE		?	
160	. W	AS DECEASED	EVER IN U.S. ARA	MED FORCES?	166. SOCIAL SECURI	TY NO.	17. INFORM	ANT		ADDR	ESS		
	(163	No	(IF TES, GIVE	WAR OR DATES!	212-05-9	995	Loui	se A.	Ray	Item	# 13		
	T	8 CAUSE OF	DEATH (Enter onl	ly one couse per line	for (o), (b), ond (c).)							APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
		PARTIDEA	IMMEDIAT	TE CAUSE (o) Ca	ncer of	Colo	n					?	ET AITO DEATH
		153	7		AS A CONSEQUENCE								
			s, if ony, which	(5)									
		couse (o)	stating the under-	DUE TO, OR	AS A CONSEQUENCE	OF							
		lying cous	e lost.	1									
	+	ART 2 DTHER SIG	NIFICANT CONDITIONS O	CONTRIBUTING TO DEATH R	UT NOT RELATED TO THE TER	MINAL DICEAS	DE CONDITION	CIVEN IN DART 1					
Z			79-7		or not need to the ten	MINAL DISEAS	OK CONDITION	OITER IN FAKE I II	01.				
1 E		90. DATE OF C	OPERATION	19b. CONDITI	ION FOR WHICH OPE	RATION W	AS PERFORM	AED?				20. AUTOPS	/2
CERTIFICATION	1							'					
1 2	1	1a EXTERNAL	CAUSE WAS	21b. TIME OF	INJURY	71, 14	W IN HIRV	OCCURRED (E	NTCO NATHER	DE INDITION IN THE	1004001001	YES .	NO 🛣
			OR G CAUSE OF D		MONTH DAY YEA	R ZTC. FTC	אטניוו ייי	CCORKED (E	NIEK NATURE	JE INJUKY IN ITEA	I IS PART I OR P	AKI 2)	
MEDICAL		ONTRIBUTIN			19	2011	CATION						
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	1	AT WORK	NOT WHILE AT WORK						- 13				
				e of the remains desc	ribed obove, held on	Autop	sv 🗍	Inspection X	le c	uiry 🛣	ond in my o	pinion	
-		deoth resulted		T TOP		vicide	. Homicia				7	pinion	
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	1	CTUAL	Yes	- 2n-	X		TITLE (SPE	a de ser			DATE	7/75	100
1	1	IGNATURE_	JAN.	MINTER	1	M	De Di	u by	MEDICALE	XAMINER	SIGNI	ED // 15	105
1	. 6	XAMINERS	AME John	n Maga T	r. M.D.			Camb	22 4 4 4	. 1/1-1			
	_	TYPE OF BRIN	111				ADDRESS			e, Md	•		
230	(SPE	CIFY)	ION, REMOVAL 2	3b. DATE	23c. NAME OF CE			RY 23	d. LOCATIO	N	cou	JNTY S	TATE
-	Friis	Buri	al	7/16/82	Dorches	ster	Mem.	Park	Camb	ridae	, Dor	Md.	
		ERAL DIRECT		ADDRESS.	Cambride	re	25	So. DATE REC'E	0	TRAR 250 R	GISTRAR'S	SIGNATURE	76
1	rn	omas	Funeral	Home 7	Cambride 00 Locus	t St	.Md.	الال	20	1982	france	Man !!	ord file

A STEED SHOW DOOR ASSOCIATE NAME

3		STATE OF MARYLAND  OR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 8 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
oth. Page 4 may be eral directors bage 3	3. SE	ASED NAME PRINT)  C REIGH TON LAST SHOCKLEY  20. DATE OF DEATH MONTH DAY YEAR 25. HOUR STANDARD PRINT OF WHAT COUNTRY?  ARACE  S. DATE OF BIRTH DAY YEAR  O D S 2 YRS  HOURS MANN.  HPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED  9. BALTIMORE CITY OR COUNTY OF DEATH  MARRIED TO NEVER MARRIED  9. BALTIMORE CITY OR COUNTRY OF DEATH
in 24 hours ofter de y filled in by the fun hould be filed within rer roust be revised of	13a.	MD DOR (*** *** *** NO E GEN Let. Fishing Cook
ond completel	16a 1	S DECEASED EVER IN U.S. ARMEDICES? 166. SOCIAL SECURITY NO. 17. INFORMANT SON SHOCKLEY, FISHING CREEK, MD. 21634
requires that the death certificate in spied by the attending physic. Their please remove carbon paper in burnel, companies a serious injury, or other traumatic event, the	NOI	CAUSE OF DEATH (Enter only one could purious for (a)), and (c).  PART I DEATH WAS CAUSED BY.  WAMEDIATE CAUSE (a) CREEK- WS PURGLOUT JOURNE OF STORY OF THE COUNTY OF THE
YSICIAN: The low ding physicion. Certifical house mit world from 1 security present them 18 shows an	MEDICAL CERTIFICATION	A ACCIDENT WAS UNDESTROYED  206. BY YES   NO   10 CERTIFY ING CAUSES OF DEATHY NO   216. TIME OF INJURY  217. TIME OF INJURY  218. TIME
OSPITAL OR ATTENDING PH red by the hospital or offend UNFERAL DIRECTOR, After the ld he described to we at the the Stote Dipt. or the bill and MESTANT. I fem 21 is marked in	MEI	A COUNTY STATE STA
BP		IAL, CREMATION, REMOVAL  1236, DATE  1256,
DHMH - 16 50M 1/81 (VRA 15, 4)		JRRAN FUNERAL HOME, 308 High St., Cambridge JUL 9 1982

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1/-	1	MAKTLAND STATE DEPART			4 4 64
4		DIVISION OF VITAL RECORDS, 301 W. PRESTON S		8, MARYLAND 21 01 8	4 4 5
1		CERTIFICATE O			
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de de	3. 5	Keturiah c. Smil	/	01	6113
afte after	3. 3			last birthday) M	IF UNDER 1 YEAR   IF UNDER 24 HRS
를 살림을	70		-16-07	YRS.	
24 hours after ad in By Thousand	COU	V)	WHICH I	DUNTY OF DEATH  DORCHESTE	0
lled sope	10.	Y OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito		CUPATION (Kind of work done	12b. KIND OF BUSINESS OR
requires that the deoth certificate be executed within 24 g physician.  I signed by the ottending physician and completely filled is buriol-tronsit permit. Then please remove carbon poper a buriol, cremation, or removol, and the property within 72 g. buriol, cremation, or removol, and the property within 72 g. buriol.		ambridge (CIOSOON NS9. Home.		working life, even if retired.)	INDUSTRY .
ted plet	13o. odm		13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
ond com remove	14	TUD. BOKCHESTER CHURSKIDGE		119 High Str	
ond cond cond cond cond cond cond cond c	14.		MAIDEN NAME First	Middle	Lost
ate b ician lease ana	160	CHARLES HARRISON CHRISTOPHER VAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT	SARAH	ELIZABETH	WROTEN
fical ysici ple ol, a		, no, or unknown) (If yes give war or dates of service)  NO  The control of the c	(daughter)	Address	Va.,22003
te deoth certificate be ex ottending physician ond permit. Then please rem ion, or removol, and man			CLENE ROPE	R, 4420 Doncan I	Approximate interval
ding ding t. T		8. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:	ARETION		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
dec iften grmi		4100 IMMEDIATE CAUSE (0) MYOCARDIAC IN FI	9126 1 1010		15 mm.
that the d an. by the ott ronsit perr cremation,		onditions, if ony, which gove)	DISEAS	E	YEARS
equires that the physician. signed by the buriol-transit puriol, cremati		ise to immediate couse (a), (b) 74 TUESS COUENCE OF DUE TO, OR AS A CONSEQUENCE OF			1
equires th physician signed by buriol-tro buriol, cre		ost. (c)			
equires physic signed buriol.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)	
e law refending s been os the orior to	No				
e law retending so been os the prior to	S		JTOPSY?	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
IAN: The ol or att ficote ho for use Heolth i	CERTIFICATION	YES [	ye.s.		
IAN:		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor	OCCURRED (Enter notu	re of injury in Port 1 or Port 2, Iter	m 18.)
Spir spir spir spir sed	MEDICAL	f either, notify medical examiner) P.M. 19			
OR ATTENDING PHYSICIAN: The law rebe retained by the hospital or attending DIRECTOR: After this certificate has been go 3 should be detached for use as the ed with the State Dept. of Health prior to		21d. INJURY OCCURRED VIVIL 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION ST. Work of work	reet or R.F.D. No.	City or Town	County Stote
ATTENDING stoined by th CTOR: After t should be di	5/	2a. I certify that (1)(this haspital) attended the deceased from 5 / 6	24 , 1982	, ta 7/14 , 1984	2 , that (I) (we) last
ed led lid b		saw the deceased alive an	my (aur) apinian	death accurred an the date	and haur and fram the
R ATTENE retoined retoined ECTOR: A 3 should with the		2b. SIGNATURE		100 DA	TE CLONED TE
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		Michael a. Moslewic MD DEGREE PHYS.	DING MED.	OR STAFF	JE SIGNED
ro Hospital OR Page 4 may be O FUNERAL DIRI director, page 3 shauld be filed v	1	11411/17 1 4	DDRESS		n.0
ro HOSPITAL Page 4 moy O FUNERAL director, pog shauld be fil			03 BYR		servet mo.
HC Age	230.	JURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL JULY 16.1982 DORG DESTER MEM			(County) (Stote)
	24		2So. REC'D BY REG		DORCHESTER, MD.
VR A15 (4)		INERAL DIRECTOR ADDRESS MD URRAN FUNERAL HOME, 308 HIGH ST. CAMBRIDGE	250. REC D B1 KG	6 1987 Minus	stant looking

PARTICIPATION OF THE PARTICIPA The bold of the bo A STATE OF THE PARTY OF THE PAR The state of the second of the · 마토트로 - 기계로 26, 1962 - 2002의 13, 27, 45개, 25. 1972, 11 122, 1210로 12명, 자연기보고 16. 10. subserve for the second 
DHMH - 16 50M 1/81 (VRA 15, 4)

	1.	FOR - STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 1 8 4 4 6  CERT I FICATE OF DEATH  REG. NO.											
		CEASED NAME FIRST EOR PRINT)		REERWOOI		AVERS		REG, N 2a. DATE OF DEATH	21 - 14	2b. HOU	P <sub>A</sub> M				
	3. SE	x MALE	4 RACE WHITE	3	5 DATE C			6. AGE (IN YEARS LAST BIR	THDAY)	FUNDER I YEAR	IF UNDER	R 24 HRS MINI			
6	la. Bi	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIE	_ 1	9 BALTIMORE CITY O	R COUNT			MD			
3		AMBRIDGE	(IF NOT IN SUC	HÖSPITAL, NURSIN H FACILITY, GIVE STREET ESTER GE	ADDRESS)	OSPITAL	NC	120 USUAL OCCUPATION OF WORK FOR MOST OF SALESMA	F WORKING LI		JRAN				
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION OTTY	GIVE RESIDENCE BEFORE 13c CITY OR TOW CAMBRII	N	APPL	EBY A	VE	2115						
1	14 FA		MIDDLE R.	TRAVEF		15. MOTHER'S MAID MARC		44 (0.04)		BRE	REWO	OD			
		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	[5]								EM #13  APPROXIMATE INTERVAL BETWEEN ONET AND DEATH			
	ION	PART I. DEATH WAS CAUSE  4140  Conditions, if ony, which gave rise to immediate couse (o), stofting the underlying couse lost.  PART 2. OTHER SIGNIFICANT C	DUE TO, OF	R AS A CONSEQUE  R AS A CONSEQUE  ONTRIBUTING TO D	NCE OF	AS W	cula D HE TERMIN	- Februll		SOU VEN IN PART 1	2 ol . Y	2			
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH	OPERATIO	V WAS PERFORMED		200 AUTOPSY?		, WERE FINDINGS USED YING CAUSES OF DEATH?  S NO					
1	MEDICAL CEI	21a, ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER   21d. INJURY OCCURRED   NOT WHILE   AT WORK   NOT WHILE   AT WORK   NOT WHILE   NOT WHILE   NOT WHILE   NOT WORK   NOT WHILE   NOT WORK   NOT WHILE   NOT WHILE   NOT WHILE   NOT WORK   NOT WORK   NOT WORK   NOT WORK   NOT WHILE   NOT WORK   NOT WHILE   N	21e. PLACE C (AT HOME STR tol) oftended the	M. MONTH DA  M.  DF INJURY  EET FACTORY OFFICE, F  deceosed from  19	19 ARM EIC)	211. LOCATION STREET  , 19 d that in (my) (our) a DEGREE  ATTEND PHYSIC	opinion de	CITY OR TO  TO DE	ate and hos	COUNTY  19  ur and from the	that (I) (	oted			
		M.S. SHAK	CFF			22e ADDRESS	Acy	PORA 3	. CM	un BRU	MD				
	24 FU	Burial, cremation, removal SPECIFY BURIAL UNERAL DIRECTOR NAME 'HOMAS FUNERA'	7/23, L HOME		OR. I	EMETERY OR CREMA  IEMORIAL  I  I  I  I  I  I  I  I  I  I  I  I  I	PAR	23d LOCATION CITY OF TOWN TO CAMBRI RECTOR BY RESEARCH	DEE	COUNTY BOR WANTISIGNA	M. sol	D			

8 H & Brief Street Market Line - N CARVALL SOCALISES OF STREET time and the nation of the trace of the trace of the second of the second of Answer State On the Control See I washing the selection of the Ville 04211 STATE OF THE PROPERTY OF THE PARTY OF THE PA